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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/740,445 12/19/2000 PAT 6,575,877
 which claims benefit of 60/093,927 07/23/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Exercise and therapeutic trainer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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